

DRIVER INFORMATION & DRIVER CHANGE FORM

A **Driver Information Form (MT-8)** should be completed by each driver upon enrollment and each year thereafter at the annual review. A **Driver's Change Form (MT-8-C)** must be completed and submitted when a driver leaves the employ of a provider, changes the class of his/her license, or changes his/her name or address. Provided below are the instructions for completing each of the forms.

COMPLETING THE DRIVER INFORMATION FORM

Prior to completing the Driver Information Form, the provider should ensure that all of the information on the prospective driver's operator's license is current and correct. The driver must also have a current Louisiana chauffeur's license (class D). If the driver is employed by a service in a parish bordering the state line and the driver is a legal resident of the adjacent state, the driver may have his/her state of residence's equivalent to a Louisiana chauffeur's license.

The driver's present correct name and address must be reflected on the license. Any drivers needing to change the license information should report changes to the Louisiana Department of Public Safety and Corrections, Office of Motor Vehicles, and have such corrections made prior to completing the form.

Providers should ensure that they fill in the provider name and number. If the provider is in the application process, the provider should write "new" in the blank space. In addition, the provider should fill in the driver's name and address (including city, state, and zip), social security code number, operator's license number, license class, state, and expiration dates, date of birth, race, and sex from the driver's license in the appropriate blanks. The driver's home telephone number should also be entered.

In addition, the provider should check the appropriate block to indicate whether any restrictions apply, and the provider should write an explanation of any restrictions checked.

The provider should indicate whether the driver's license has ever been suspended or revoked and offer an explanation, if applicable. Also, the driver's level of experience transporting people should be explained (how long, by bus, taxi, etc.). If the driver has worked for another NEMT provider, the provider(s) should be listed.

Whether the driver has completed the National Safety Council's or approved equivalent defensive driving course must be indicated. A driver who has not completed this course will not be approved. **Please note: the Department does not accept on-line defensive courses.** In addition, whether a driver has been convicted of any traffic related offense by any court (including pleas of no contest) in the last 10 years should also be indicated. This includes all LA.R.S. 32 offenses (or their equivalent in other states or municipalities), DWIs (LA. R.S. 14:98), reckless operation (R.S. 14:99), or vehicular homicide, or their equivalents.

The form must be signed and dated by the provider and the driver and the following must be attached:

- A legible photocopy of the operator's license (an enlarged copy is preferred)
- A copy of the driver's history obtained from the Louisiana Department of Public Safety and Corrections, Office of Motor Vehicles
- A copy of the Certificate of Completion for a National Safety Council or approved equivalent defensive driving course
- And additional sheets required to complete the form (all additional sheets should be headed with the driver's name, social security number, the provider's name, and the date).
- A criminal history check in accordance with L.R.S 40:1300:51 – 56.

If any information is falsified or credential forged, then monetary sanctions may be imposed. These cases will be referred to the Attorney General's Medicaid Fraud Unit for criminal prosecution.

DRIVER'S CHANGE FORM

This form must be submitted to the Bureau of Health Services Financing within five working days of a change. It should be signed and dated by both the provider and the driver, unless the driver was terminated with cause. All changes of the license must also be signed by the driver, and a copy of the changed license must be attached (this includes license renewals).

DRIVER'S CHANGE FORM

Provider Information

1. Provider Name _____ 2. Telephone Number () _____
3. Provider Number _____ 4. FAX Number () _____
5. Address _____
Street City State Zip

Driver Information

6. Driver's Name _____ 7. DOB ____/____/____ 8. SSN# ____-____-____
9. Address _____
Street City State Zip
10. Type of Change
a. ☐ **Termination**
☐ Voluntary
☐ Involuntary

Reason _____

- b. ☐ **Modify**
☐ Change of Address

From _____
Street City State Zip

To _____
Street City State Zip

- ☐ *Change of Name*

From _____

To _____

- ☐ *Change in Class of License*
Copy of new license attached? Circle Y/N

- ☐ Other _____

Your signature on this form is attesting to the validity of this information.

Driver's Signature: _____

Date: ____/____/____

Provider's Signature: _____

Date: ____/____/____